General Investigation Procedures

The steps you take in the first hours of receiving a report of a work related injury or illness will have a large bearing on the outcome of the case – regardless of whether you believe it's legitimate. Here is a checklist of things to do when an injury occurs

Note: Not all of these steps are necessarily applicable to any given incident. Also, the order may vary according to circumstances.

- Ensure the accident area is safe; get people away from any hazards. De-energize electrical equipment, turn off valves, stop moving machinery, etc. A Stop-Work action may be required. Notify supervisor as soon as possible.
- Obtain necessary medical or emergency aid for injured persons. Avoid contact with blood or other body fluids unless you are trained and equipped.
- When appropriate, isolate the area to protect the incident scene. Use barriers, warning tape, or other means. Do not remove or alter anything except as necessary to render assistance to injured persons or eliminate a hazard
- Get the names of all people who were present or who know something about the circumstances of the accident.
- Sketch the scene. Include reference points, measurements, positions of people and movable objects at the time of the incident. Note environmental conditions: water or oil on floors, debris, sources of light, etc.
- Take photographs of the area and any accident-related equipment, concentrating on damage or failure points. Number photographs, and mark your sketch to show photo positions and angles. Include reference points in photos as needed to ensure clarity. Collect any physical evidence that may be useful--broken or defective parts, for example.
- Interview witnesses and any others who have knowledge of the incident. It is usually best to speak to witnesses before they have discussed the incident among themselves; you want their individual recollections, not a group consensus. Get written statements from all involved as soon as possible. Handwritten statements are fine; you want fresh recollection and concrete, factual details. Encourage witnesses to focus on specific, objective facts before offering their interpretations of those facts.
- Ensure a copy of your findings are included with the Injury Report submitted to Workers' Compensation.

Employer's Accident / Incident Evaluation

The Employer's Accident/Incident Evaluation is used to evaluate any work related Injury, Illness, or Near Miss. This form can be used as an internal tool only, or forwarded along with the Workers' Compensation "Report of Injury" for Workers' Compensation consideration.

Instructions: **Print or Type** Complete all areas. If something Does Not Apply, enter **"N/A"**.

Information about the employee

Full name: _____

Job Title: _____

Department/Division: _____

Social Security #: _____ - _____ - _____ Employee ID#: _____

Home Address: _____

City: _____State: _____ ZIP: _____ County:_____

Phone (home): _____ - _____- _____ Phone (work): _____ - _____- _____

Birth Date: _____/_____/_____ Age: _____ ☐ Male ☐ Female

Hire Date: _____/_____/_____ ☐ Full Time ☐ Part Time ☐ Temporary

Supervisors name: _____ Email address: _____

Supervisors Signature: _____ Telephone no: _____

Personnel Representative: _____ Email address: _____

Information about the incident

Date of Injury/Illness/Near Miss: _____/_____/_____ Time employee began work: _____ ☐AM ☐PM

Time of event: _____ ☐AM ☐ PM ☐Check if time cannot be determined.

Did the employee:

☐ See a doctor? ☐ Receive First Aid? ☐Have a Near Miss/Return to Work?

Information about the physician or other health care professional

Was employee treated in an emergency room? ☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No

Did employee have any lost or restricted days? ☐ Yes ☐ No

Was a drug/alcohol test performed? ☐ Yes ☐ No

Name of treating physician or other health care professional: _____

Where was treatment given?

Facility: _____

Street: _____

City: _____ State: _____ ZIP: _____

Tell us where the incident occurred. Be specific.

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.

What Happened? Tell us how the injury occurred. Be specific.

What was the injury or illness? Tell us all of the parts of the body affected and how they were affected. Be specific.

What object or substance directly harmed the employee? Be specific**.**

Were Security Cameras in use in the area of the accident? Yes ☐ No ☐ Ensure any video showing the accident/incident scene at the time of the incident is secured.

Witnesses:

Name: _____ Phone: _____ ☐ Statement attached

Name: _____ Phone: _____ ☐ Statement attached

Name: _____ Phone: _____ ☐ Statement attached

Name: _____ Phone: _____ ☐ Statement attached

Name: _____ Phone: _____ ☐ Statement attached

COMPANY NAME	**ACCIDENT WITNESS STATEMENT**

RE: NAME OF INJURED EMPLOYEE:

(Please Print)

YOUR NAME:	AGE:
HOME ADDRESS:	
PHONE:	YOUR OCCUPATION:
PLEASE EXPLAIN FULLY HOW THE ACCIDENT OCCURRED: (If you did not actually see the accident, to what extend can you verify?)	
DID YOU ACTUALLY WITNESS THE AFVOREMENTIONED ACCIDENT? (If no, skip remaining questions. Please sign and return form)	
☐ YES ☐ NO	
WHERE DID THE ACCIDENT OCCUR?	
WHERE WERE YOU AT THE TIME OF ACCIDENT?	
WHAT WAS THE CAUSE OF THE ACCIDENT?	
PLEASE DESCRIBE THE NATURE OF THE INJURY THE EMPLOYEE SUSTAINED.	
WHAT STATEMENTS DID YOU HEAR OTHER PARTIES MAKE AT THE SCENE?	
NAMES AND ADDRESS OF OTHER WITNESSES:	
SIGNED:	DATE: